

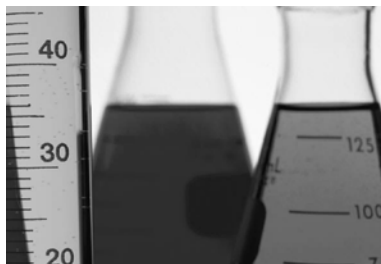
## Reviewing & Refining Our Practice:

Where are we now? • What to do next?

# Welcome

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## QSR: A New Measure of Practice



QSR checks for SAFETY and then moves to  
Appraising best practice for well-being and permanency

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# What is QSR?

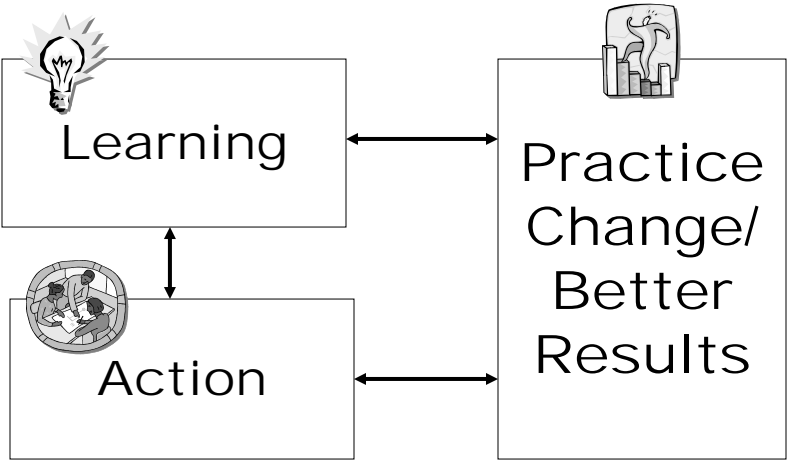
QSR is about People, Practice, and Possibilities.

QSR is a way of knowing what is working/not working in practice, for which children and families, and why.

QSR guides actions for practice development and capacity building, leading to better results.

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QSR => Learning + Action



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## QSR Activities

- In depth reviews of 12 cases (93 interviews)
- Focus group interviews with 9 groups (57 persons)
- Feedback to caseworkers & supervisors
- Oral presentations of QSR case findings (debriefing)
- Identification of recurring patterns/lessons in cases
- Aggregate quantitative results across cases
- Written case summaries
- Summation and discussion
- Next step action planning (beginning today)



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## QSR Discovery Learning:

Macro-View: Context & Service System Story

Micro-View: Child & Family Stories/Practice Stories

Big Picture Understanding & Next Steps

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## Our Local Strengths & Reputation

- **Middle Size County, Positive Historic Situation:**
  - More “down-home, close-knit people,” good informal communications
  - Well-trained and stable frontline staff (many MSWs)
  - Very low child welfare staff turn-over rate; positive working conditions
  - Strong, reliable foster families; some good kinship care families
  - Improving the pace for reaching permanency (TPR/adoption)
  - Some recent service improvements, e.g., mobile crisis services
  - Many juveniles successfully diverted from juvenile corrections
- **Positive Regard of Practice Partners:**
  - Judges and legal staff have confidence in DSS staff, court reports; caseworkers seen as well-organized, prepared, responsive
  - General goodwill exists toward DSS by providers

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## Our Changing Service Reality

- **Increasing societal needs:**
  - High county growth rate, shifting demographics
  - Growth in construction & service jobs (lower income, no benefits, more hours worked, more under-employment)
  - More Latino families, AODA cases, MH cases and chapter 51 orders
  - More “fragile” families having subsistence challenges (e.g., housing)
- **Changing social services:**
  - DHFS/DCFS -> DSS policy changes, budget cuts, WiSACWIS, shifting priorities, increasing caseloads, possible loss of some needed services
  - Now redefining our service system: Who? When? How?
  - Service challenges: dental care, attachment disorders, young sex offenders
  - Need for more integrated, multi-agency service teams for SED kids/families
  - Rotation of judges hearing cases -- some discontinuities

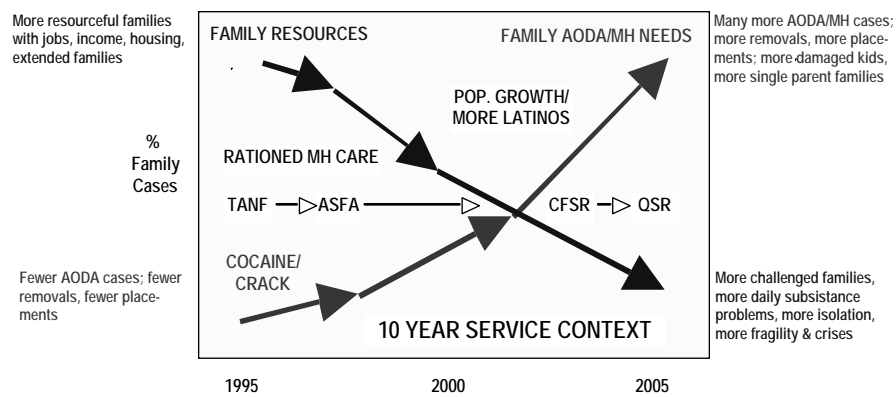
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# Change Forces -> Practice

- System Stressors: system changes are altering our practice and workload:
  - New, changing policies; e.g., frequencies of visitations
  - Increasing/shifting workloads: e.g., screen-time -- “hard to keep up”
  - Child welfare funding uncertain; things are rapidly changing
- Volume: Increasing rate of more difficult cases
- Velocity: Faster spin & urgent response situations
  - AODA/MH/DV overwhelms fragile families: more risks & crises
  - Situations can spin out-of-control more easily and frequently
  - Situational responses must be faster, individualized to needs
  - Some families challenge our case practice model and resources

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## Changing Size & Composition of Caseloads In Context of Societal Change



### Impacts on Practice [trends and patterns]:

More fragile families; more family crisis situations; more AODA/MH families; more removals of sibling groups, more kids with more serious problems at earlier ages; more placements and disruptions; more reliance on specialized placements; more TPRs, more time spent in court; AODA/MH recovery model mismatched to ASFA permanency clock.

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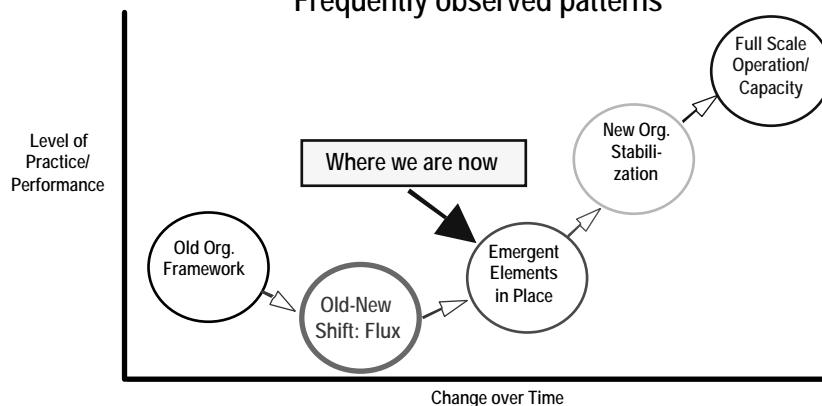
## Adaptive Responses

- **System Changes = New elements**
  - Local Coordinated Services Teams (wraparound service teams)
  - Use of Parent Aides (using agency staff)
  - WiSACWIS evolution: working to make it more user-friendly
  - Proposed revision of policies via the PEP
  - New requirements in CPS standards for workers, supervisors, providers, leaders
- **Learning & Adapting based on our lived experience**
  - Discoveries: system changes running ahead of learning curve
  - Recognition: some workers feeling overwhelmed; getting stuck; WiSACWIS seen as inflexible; need for practice strategies that work for new children/families entering the system (fragile, crisis, Latino)

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## Stages of Change in System Reform

Frequently observed patterns



In early reform efforts, things often get worse before getting better:

Successful change efforts often roam between over-control and chaos early in the reform process.

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## Where are we now?

- CST's: still in the planning stage
- Parent Aides: is a successful on-going service; now being shifted from providers to in-house staff
- WiSACWIS: still evolving; screen-time demands increasing; not seen as user-friendly; improvement efforts underway [high priority]; new focus on improving accuracy of data entry for better utility
- Policy Changes via the PEP: still in development; roll-out process yet to be determined; concerns about possible adverse workload impact on counties

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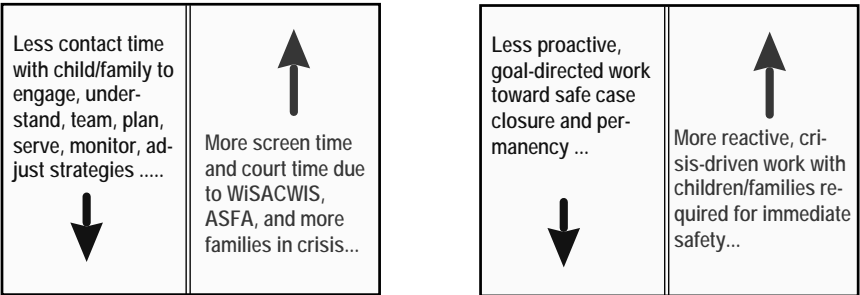
## Where are we now?

- Daily frontline practice: more complex family situations; difficult to engage/move some families through a change process [lack of strategies/resources that actually work with current families]; MH, AODA, MR, co-occurring needs challenge our practice; diligent relative search, kinship placements, and TPR/adoption increasingly used for permanency.
- Casework challenges: high and growing caseloads; difficulty getting respite without court action; increasing screen-time and crisis management reducing proactive casework time with families (that staff find as the most satisfying work).
- Dependence on approvals: caseworkers depend on timely approvals (e.g., case plans -- resulting in service delays, start-overs).
- Cases getting "stuck": lack way of "knowing when we're done;" need a Long-Term View for safe case closure/independence to guide strategies.

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## Shifting Time Use Patterns & Impacts

- Workers report a shift from 2/3 time in casework & 1/3 in documentation to 2/3 time in documentation to 1/3 time in casework over the past five years •



### Impacts on Local Conditions of Practice [trends and patterns]:

Increasing amounts of worker time is used for screen time, court time, crisis management as quality time with children/families erodes. Practice is becoming more reactive (crises) than proactive (goal-directed). As new requirements are added, are other requirements being reduced or eliminated?

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## Focus Group Perspectives

### What People See and Say about Current Case Practice, Supervision & Local Service Conditions Selected Highlights

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## Focus Group Participants (56)

- Frontline DSS Staff (20)
- Service Providers (9)
- Foster Parents (9)
- Legal (Judges, Commissioners, Attorneys, GALs -11)
- DSS Leadership (6)

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## Frontline Views

- We Succeed with Children & Families Most Readily When: (< 20%)
  - Families have income, transportation, housing, other essentials
  - Families have circles of support that are effective in helping the family
  - Families still have their kids at home, not in care
  - Families request and receive voluntary services
  - Families have younger children or children without major special needs
  - Caregivers are motivated, free of serious problems (MH, AODA, DV, CD)
  - Concurrent planning starts early, reduces moves, resolves permanency
  - Children have access to school-based mental health, support services
  - Foster parents serving special needs kids have respite care for relief
  - We can use prevention and early intervention services effectively

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## Frontline Views

- We are Challenged when: [many of our current cases]
  - Inter-generational family problems, mental illness, addiction, domestic violence, limited cognitive abilities, and/or poverty co-occur in a case
  - Families speak languages other than English
  - Growing caseloads and screen-time requirements limit our opportunity to do proactive, family-centered, team-driven casework practice
  - Other key professionals don't work together with us
  - Required processes yield frequent re-starts or waits for approval
  - Service options don't fit the child or can't be accessed locally
  - Attempting to meet the needs of older adolescents who are transitioning out of the children's services system

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## Frontline Voices & Views

- "My job on the frontline is becoming overwhelming -- the job can't be done in the time allotted. We work under tremendous pressures."
- "The pace of change is running well ahead of the learning curve."
- "We like working with families -- but increasing screen time, court time, and crises divert our attention from pro-active casework."
- "We value clarity, consistency, and predictability in practice guidance received and support when we get stuck in a case."
- "System needs seem to trump child/family needs, except in crises."
- "Case plans and court orders diverge -- confusing both parents and us. Case plans don't drive practice."
- "Our system changes require more 'start-overs' in data entry and leads to 'permission paralysis' that delays our work in some cases."

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## Voices & Views - Partners

- "DSS staff work hard to prevent removal of children from their families. TPR is their last choice, after all other alternatives have been exhausted."
- Chronic AODA and MH problems in the family lead to TPRs. Many TPRs are uncontested. Permanency is happening faster now for kids."
- "DSS works well with the local Bar Association and Bench in this county."
- "More JIP cases: habitual truancy, burglary, sexual assault, AODA, drug possession and delivery... SED/high cost kids are on the rise -- need more wraparounds. Mobile crisis services has been very helpful to foster parents."
- "A big increase in MH Chapter 51 (suicide) issues this year. Wonder why?"
- "Transitional age youth have some needs that now go unmet."
- "We are still working in silos, but trying to overcome the boundaries that separate our practices and services. We're in the CST planning stage."
- "We are worried about future funding and possible budget cuts."

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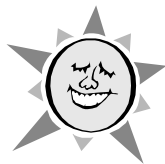
## QSR Discovery Learning :

Macro-View: Context & Service System Story

Micro-View: Child & Family Stories = Practice Probes

Big Picture Understanding & Next Steps

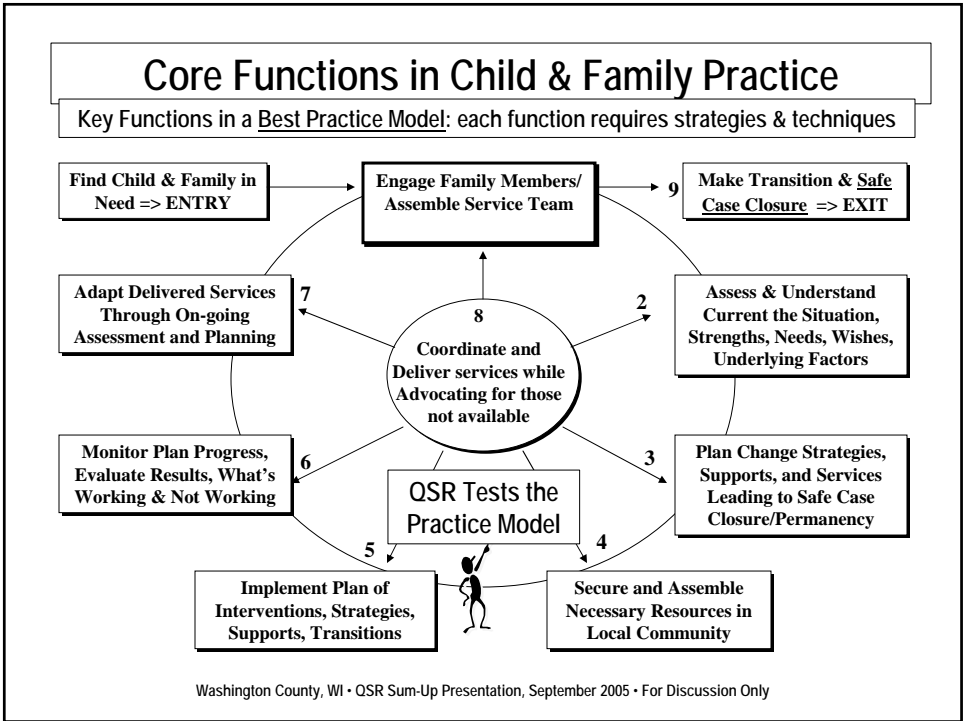
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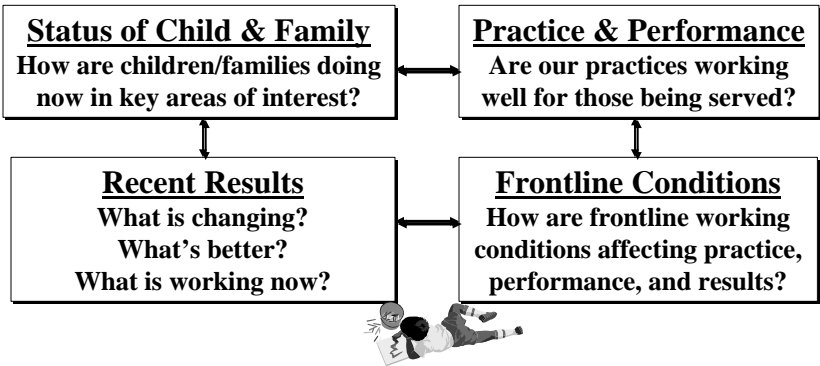
# Definition of Practice

- Child & family-specific, need-responsive, relationship-based, locally-delivered service efforts that alter unacceptable situations so that child & family functioning and well-being are improved and maintained as risks of harm or poor outcomes are reduced.
- Practice is problem solving aimed at specific results.
- Practice is an ART requiring craft knowledge & judgment.
- Practice depends on local resources & working conditions.

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# QSR: Focus on Practice & Results



**USING QSR FINDINGS FOR LEARNING & CHANGE**  
Results help us learn WHERE WE ARE NOW, WHAT TO DO NEXT!  
The purpose is Learning, Next Step Action, and Change.

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# The QSR Protocol

- Functions as a GUIDE BOOK for focusing reviews and rating decisions (Where are we now? What's working and not working?)
- Provides background information
- Guides the REVIEW process
- Offers evaluative criteria
- Provides a BASIS for the:
  - CASE PROFILE or "data roll-up sheet"
  - ORAL REPORT made a debriefing
  - WRITTEN REPORT of findings



First Washington QSR:  
Starting Point Measure

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## Status & Practice Indicators in the QSR Protocol

### Child & Family Status

- Risk of harm
- Stability
- Permanency
- Living arrangement
- Physical health of the child
- Emotional well-being
- Behavioral risk
- Learning & development
- Family functioning & resourcefulness
- Safety of the parent/caregiver
- Family connections
- Family perceptions
- OVERALL STATUS



### Practice & Performance

- Engagement of the child & family
- Coordination
- Teamwork
- Assessment & understanding
- Long-term view
- Planning process
- Implementation
- Tracking & adjustment
- Cultural accommodations
- Support availability
- Family supports
- Transitioning
- OVERALL PERFORMANCE



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## QSR “Learning Products”

- Detailed stories of practice and results in real cases
- Recurrent themes & patterns observed across cases
- Understanding of how contextual factors are affecting daily practice and present results
- Quantitative analyses of child status, practice & performance results, based on key measures
- Noteworthy accomplishments & success stories
- Identification of emerging issues and problems
- Critical learning and input for action planning

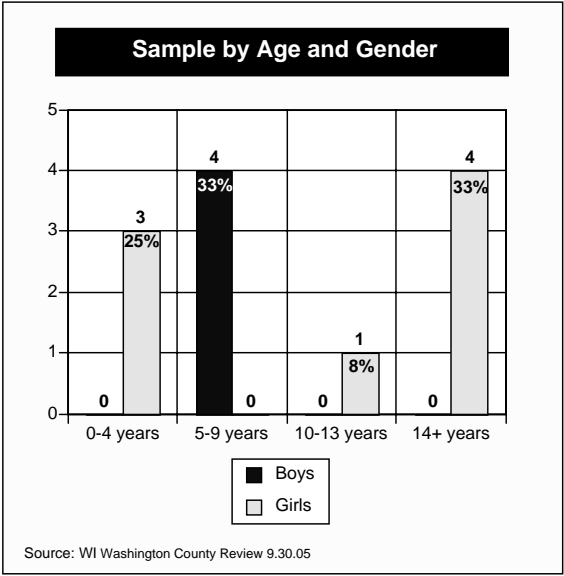


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# Sample of Children & Families

## Characteristics of Children & Families in the Sample

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# Preliminary QSR Results For the Pilot Test Aggregate Quantitative Patterns

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## QSR Interpretative Guide for Child Status

### Maintenance Zone: 5-6

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

- 6 = **OPTIMAL STATUS.** The best or most favorable status presently attainable for this child in this area [taking age and ability into account]. Child is doing great! Confidence is high that long-term goals or expectations will be met in this area.
- 5 = **GOOD STATUS.** Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in this area. Status is “looking good” and likely to continue.

Acceptable  
Range: 4-6

### Refinement Zone: 3-4

Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.

- 4 = **FAIR STATUS.** Status is minimally or temporarily sufficient for the child to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon.
- 3 = **MARGINAL STATUS.** Status is marginal/mixed, not quite sufficient to meet the child’s short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.

### Improvement Zone: 1-2

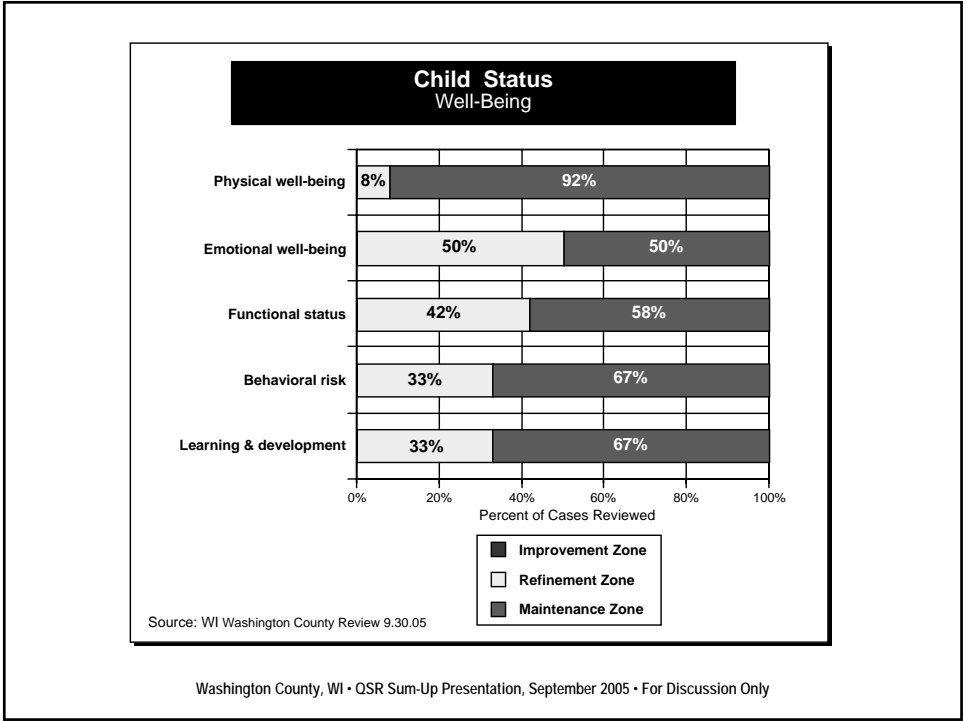
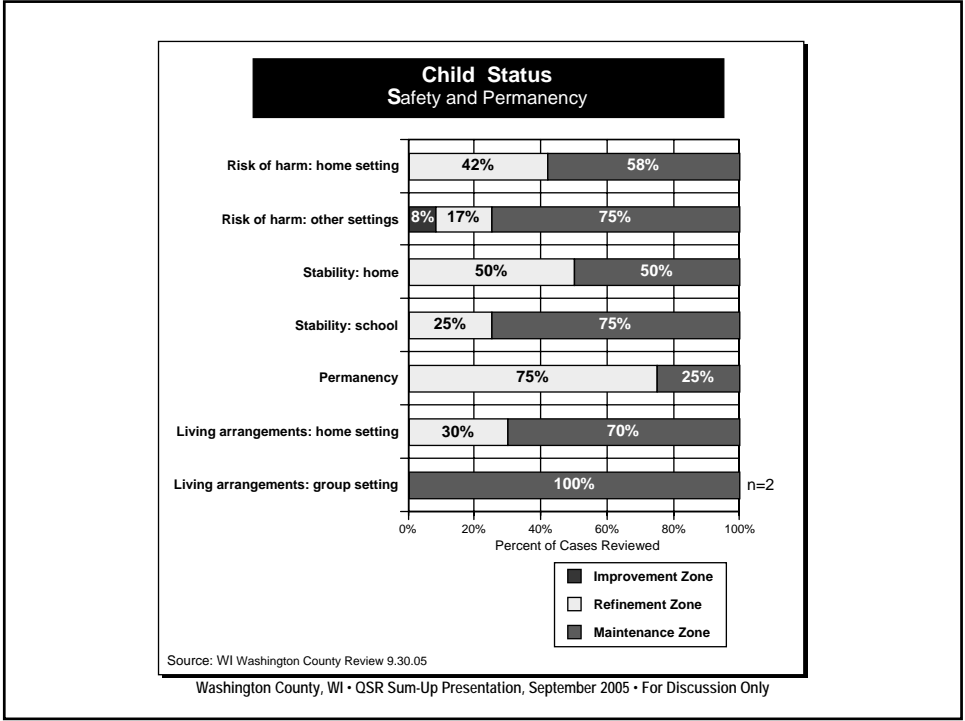
Status is now problematic or risky. Quick action should be taken to improve the situation.

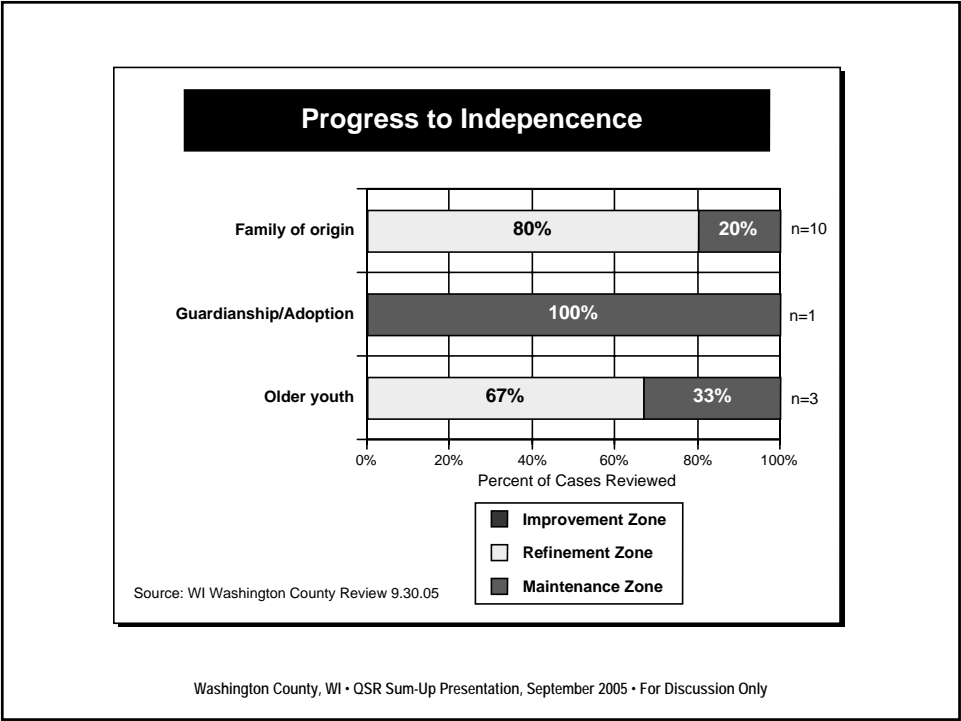
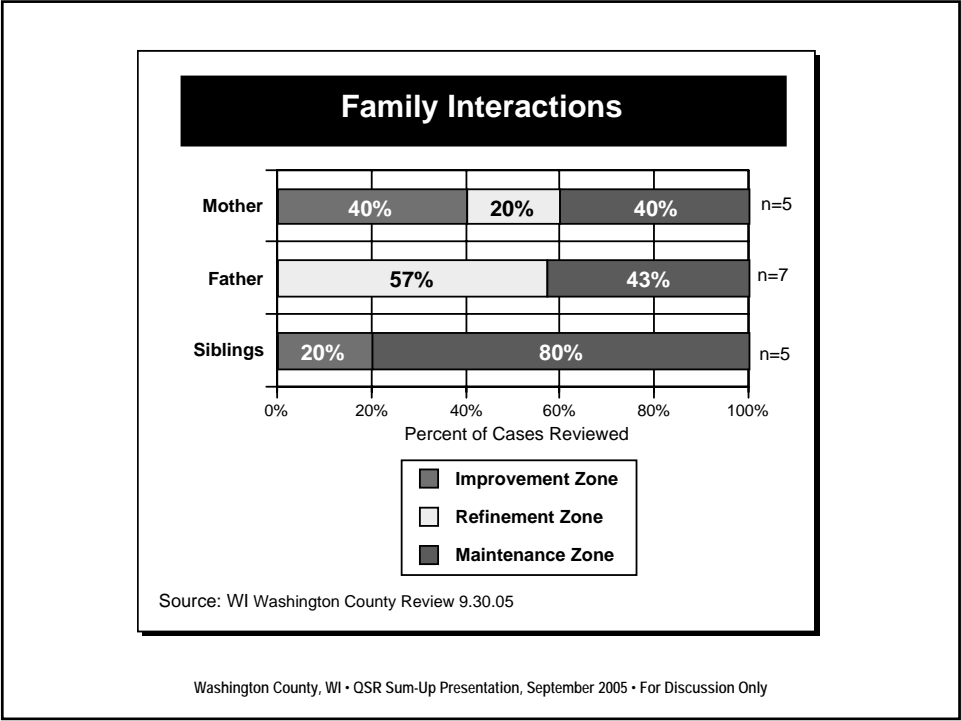
- 2 = **POOR STATUS.** Status has been and continues to be poor and unacceptable. The child seems to be “stuck” or “lost” and is not improving. Risks may be mild to moderate.
- 1 = **ADVERSE STATUS.** Child status in this area is poor and getting worse. Risks of harm, restriction, exclusion, regression, and/or other adverse outcomes are substantial and increasing.

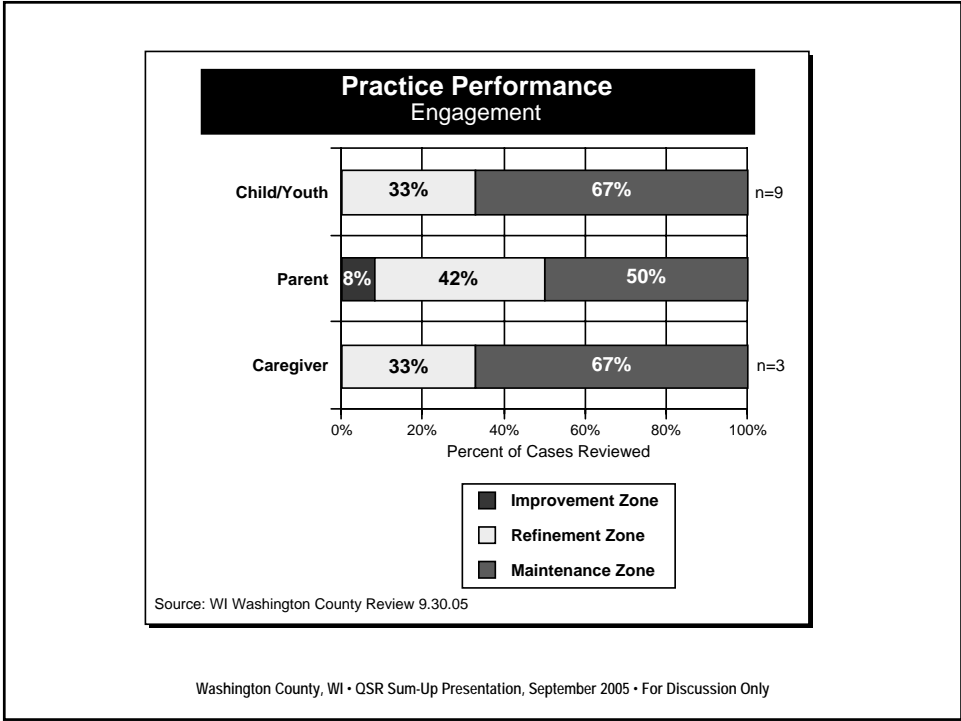
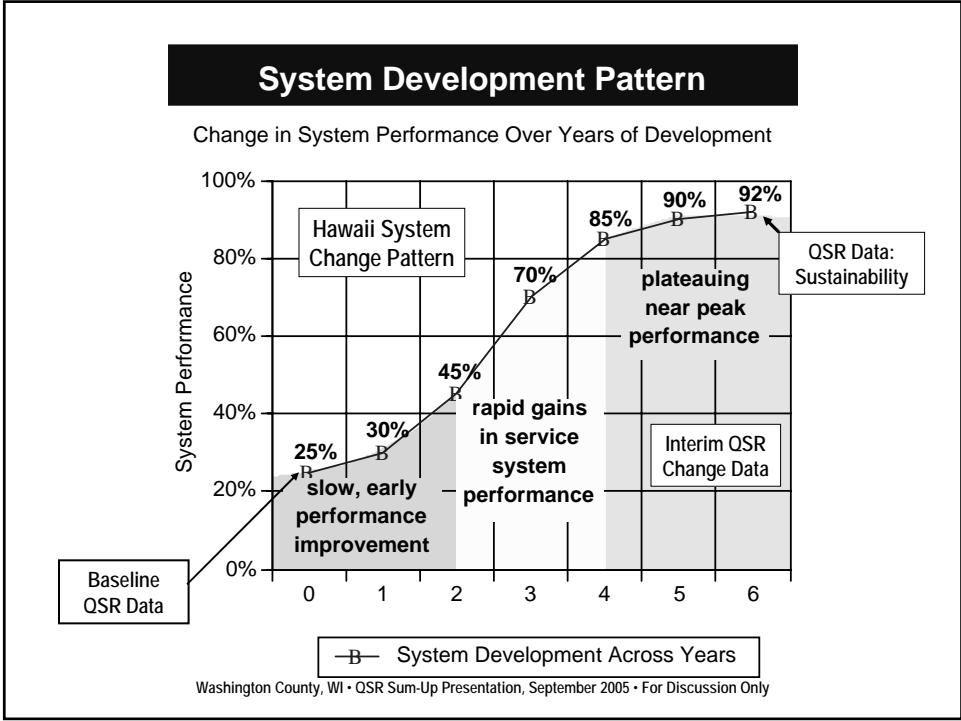
Unacceptable  
Range: 1-3

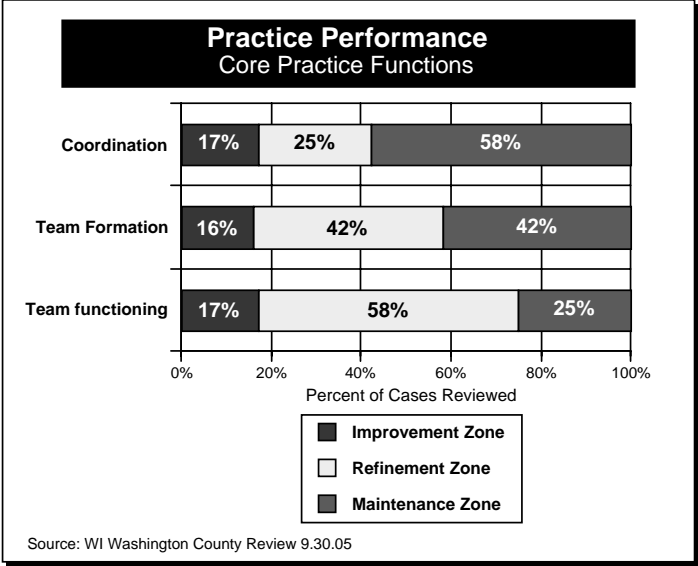
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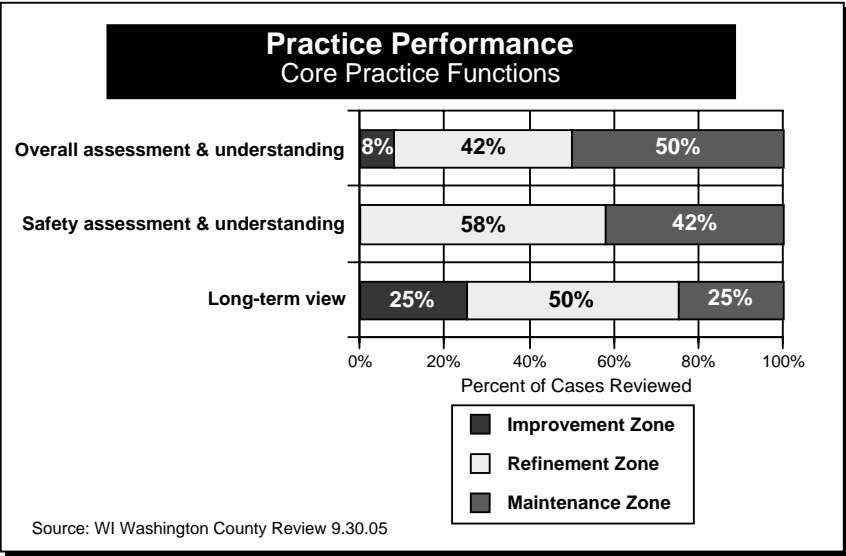




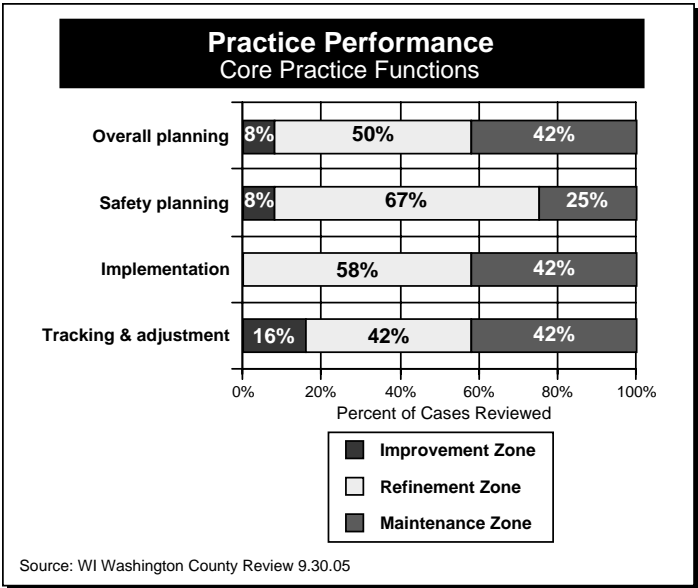




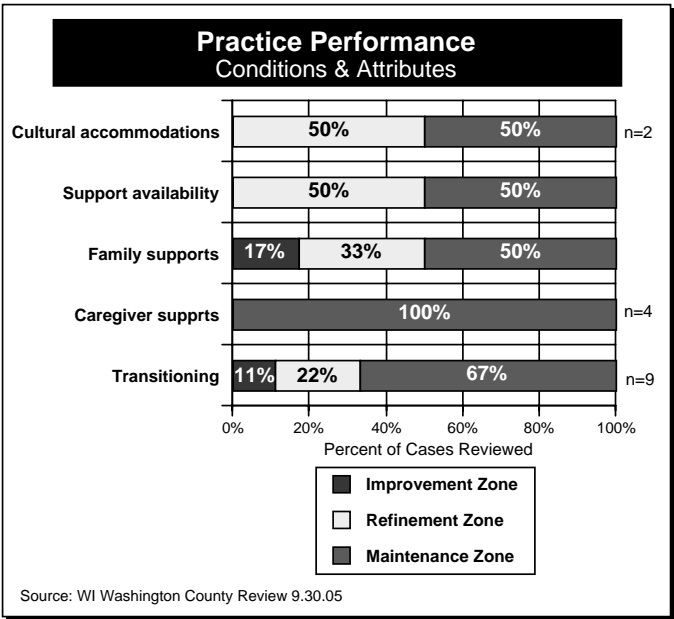
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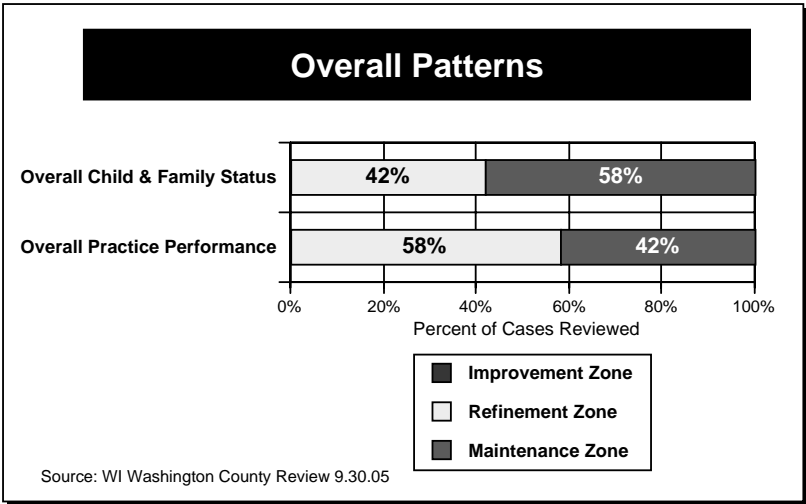
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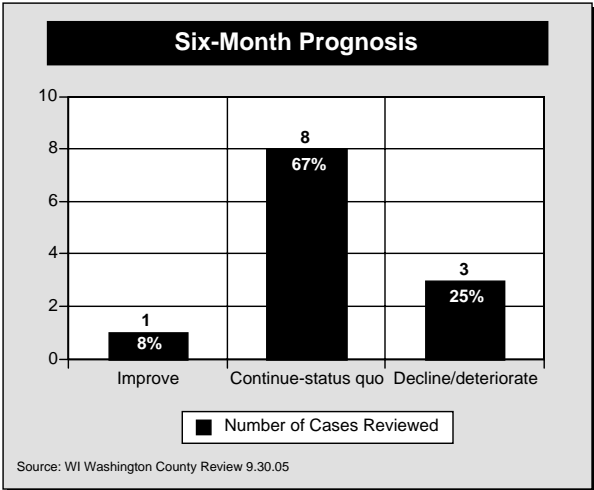
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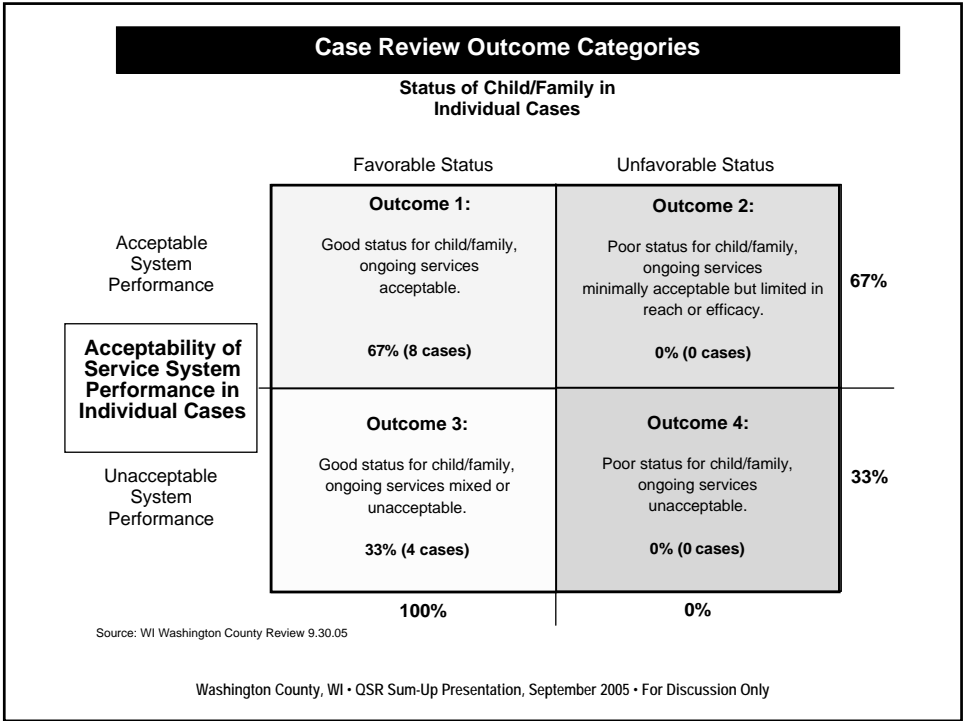
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# Lessons from Our Stories

## What We Discover from Children & Families

Current Case Practice & Local Service Conditions

## Strengths, Challenges, Opportunities

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## Strengths

- Trusting relationships promote family change (John)
- Extended family support can provide success (Todd)
- Parent's commitment to child provides motivation for change (Terri)
- Resilient, resourceful mom (Gary)
- Child's resiliency leads to progress (Janet)
- Great staff! Strength-based culture; pride (Krys)
- Initial safety assessment, planning well done (Todd)
- Some excellent psych evals seen (Terri)

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## Strengths

- Excellent use of parent aides -- good results (Emily)
- Good example of MH assessment with coordination of services (John)
- Good example of teamwork found (Brenda)
- Positive placement matches with relatives (Terri)
- Efforts to individualize services improve results (Emily)
- Good working relationship with DV center (Gary)
- Good example of independent living services (Janet)

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## Broader Challenges

- Continuing to improve SACWIS, making it user friendly
- Reducing screen-time for some frontline staff
- Developing practice strategies that work better for families who struggle with daily subsistence, AODA/MH needs
- Reconciling the recovery model with the ASFA clock
- Leaving the silos and joining practice partners in the commons
- Reinforcing and expanding teamwork in family change process
- Getting the court plan and case plan to converge
- Building a Long-Term View to drive family change to successful safe case closure (permanency)
- Adapting to continuing societal changes and system reforms

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## Opportunities


- Developing more culturally competent service resources (Krys)
- Creating more family-centered and useful service plans (Janet)
- Engaging teens in forming life plans for adulthood (Brenda)
- Defining how we know when we're done in a case (Krys)
- Focusing on strategies for driving and measuring change, rather than just matching services to needs (John)
- When you are stuck in a case, finding a way to move forward (Linda)
- Improving programs for children with specialized needs: e.g., young sex offenders, reactive attachment disorders, SED youth (Harry)
- Using trauma informed assessment & treatment strategies (Krys)
- Flow-charting of CPS case practice with WiSACWIS (Harry)

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**Action Learning Questions**

- What important things did we learn from QSR results?
- What matters should we focus on now?
- What options for action do we have for moving forward?
- What are the pros and cons of these options?
- What steps should we take before the next meeting?
- What do we need most now and from whom?



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## Possible Next Steps

- ✓ Reducing screen time for SACWIS
- ✓ Give us the flow-chart soon
- ✓ 6-month case reviews (frequency change)
- ✓ Integrate court order with case plan
- ✓ Building a LTV into our practice model

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*Never doubt that a small group of  
dedicated people can change the world.  
Indeed, it is the only thing that ever has.*

- Margaret Meade -

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## The Path to Excellence

**Excellence is never an accident.  
It is always the result of high intention,  
determined effort, and skilled execution.**

- Chinese Proverb -



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